



ELECTROLOGISTS' ASSOCIATION OF CALIFORNIA INC.

Est. June 12, 1948

"Pledged to the Highest Standard of Permanent Hair Removal"



MEMBERSHIP APPLICATION

NORTHERN CHAPTER _____

SOUTHERN CHAPTER _____

It is understood and agreed that this, my application, together with the provisions of the Charter of the Association and those of its By-laws and Rules and Regulations as now existing, and as the same may be amended, altered, added to or changed, shall constitute my sole agreement with the Association . It is also understood and agreed that any statement or alleged statement of an officer, or solicitor, if contrary to Charter Bylaws, Rules and Regulation of the Association, shall not be binding.

I herewith make application for membership in the **ELECTROLOGISTS' ASSOCIATION OF CALIFORNIA INC.**, and submit the following information: **PLEASE TYPE OR PRINT**

Applicants Name _____

Business Name (EAC Roster Information) _____

Business Address _____

City _____ State, _____ Zip _____ Business phone () _____

Cell Phone _____ Fax _____ Email _____

Website _____

Send mail to: HOME _____ OFFICE _____ OTHER _____

Home Address _____

Home Phone () _____

Electrology School attended _____ **Date Graduated** _____

List other training/or apprenticeship program(s) _____

Are you currently in practice? Yes _____ No _____ Full time _____ Part-time _____

CALIFORNIA license # _____ **Exp. Date:** _____ **Do you have an Electrologist license in any other state?** Yes ___ No. ___ **List:**

Are you a C.P.E. (Certified Professional Electrologist) Yes ___ No ___ **Certification #** _____

Are you a prior member of EAC/AEA? Yes ___ No ___ **Certificate #** _____

Preferred Modality: Multiple _____ Needle _____ Shortwave (Thermolysis) _____ Blend _____ Galvanic _____

Sterilization method used: Autoclave: _____ Dry Heat Oven: _____ other _____

Submit any of the following documentations with your application.

- 1 Photocopy of diploma from a school of Electrology.
- 2 Photocopy of your state license.
- 3 If applicable - a Notarized affidavit from your apprenticeship instructor, include a copy of your Certificate and number of hours completed in program.

Membership year runs from January 1st to December 31st. Anyone joining EAC and AEA after June 1st and on or before September 30th shall pay prorated dues for the remainder of current year plus the appropriate dues for the next year.

	<u>Before June 1st</u>	<u>After Sept. 30th</u>
EAC annual dues	\$ 85.00	\$ 85.00
Prorated dues for EAC	---	\$ 40.00
Initiation fee for EAC (one-time fee)	\$ 35.00	\$ 35.00
AEA Affiliate annual dues	\$ 170.00	\$ 170.00
Prorated Affiliate dues for AEA	--	\$ 65.00
	Total \$290.00	Total \$395.00

EAC Web listing: 1st business no charge

2nd business listing \$10.00 per year \$ _____

Total Enclosed: _____

Donation to EAC Association \$ _____

Would you liked to serve on one of our board or committees? Yes _____ No. _____

Program _____ Membership _____ Newsletter _____ Treasury _____ Hostesses _____

Committee helper _____

I understand that membership in the **EAC/AEA** is open to Electrologists who practice and/or teach permanent hair removal utilizing needle type devices.

Signature _____ Date _____

(For EAC office use only) Date application received: _____ Payment: _____ Check#: _____ Notes:

Make payment payable to EAC (Electrologists' Association of California) Mail to

Randa Thurman, L.E. C.P.E.
EAC Northern Chapter
 2600 Garden Road, Suite 207
 Monterey, CA 93940
 (831) 643-2100

Rochelle Freeman, L.E., C.P.E.
EAC Southern Chapter
 7677 Ronson Road, Suite 200
 San Diego, CA 92111
 (619) 993-6663

WEBSITE

EAC - Electrologycalifornia.org
 AEA - Electrology.com